

Please type or print all information. Complete both sides of this application and mail or fax to AMTA.

Organization: _____

New Member Name: _____

New Member Title: _____

Address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Ph: () _____ Cell: () _____ Fax: () _____

E-mail Address: _____ Website: _____

AMTA Membership is based on an annual membership from January 1 – December 31 each year. However, if application is received after Oct. 1, membership benefits shall extend to the end of the following calendar year.

Membership Classification: Please select the appropriate membership category. You and your organization will appear in the Annual Directory based on the membership category you select. Please see the enclosed "Membership Classifications" sheet for detailed definitions.

DIVISION I – Public Agencies, Industrial Users, and Water Suppliers to End User

- | | | |
|--------------------------|--|-------|
| <input type="checkbox"/> | A. Large (300K+ population served) – includes 1 Primary Member (list above) & 3 Affiliate Members(3C) – please list 3 additional member names, titles and contact information on a separate page. | \$675 |
| <input type="checkbox"/> | B. Medium (10K-300K population served) – includes 1 Primary Member (list above) & 2 Affiliate Members(3C) – please list 2 additional member names, titles and contact information on a separate page. | \$475 |
| <input type="checkbox"/> | C. Small (<10K population served) – includes 1 Primary Member (list above) & 1 Affiliate Members(3C) – please list 1 additional member name, title and contact information on a separate page. | \$350 |

DIVISION II – Company/Corporate Membership

(Manufacturers, Suppliers, Consultants, Engineers, and Architects)

- | | | |
|--------------------------|--|---------|
| <input type="checkbox"/> | A. Up to 15 Members – includes 1 Primary Member (list above) & 14 Affiliate Members (3D) – please list 14 additional member names, titles and contact information on a separate page. Also includes 1 registrant at one of the AMTA 2010 Workshops & 1/2 off an advertisement in Solutions. | \$2,500 |
| <input type="checkbox"/> | B. Up to 10 Members – includes 1 Primary Member (list above) & 9 Affiliate Members (3D) – please list 9 additional member names, titles and contact information on a separate page. | \$1,750 |
| <input type="checkbox"/> | C. Up to 5 Members – includes 1 Primary Member (list above) & 4 Affiliate Members (3D) – please list 4 additional member names, titles and contact information on a separate page. | \$750 |
| <input type="checkbox"/> | D. Up to 2 Members – includes 1 Primary Member (list above) & 1 Affiliate Members (3D) – please list 1 additional member name, title and contact information on a separate page. | \$350 |

DIVISION III – Associates

- | | | |
|--------------------------|---|-------|
| <input type="checkbox"/> | A. Individuals & University/College Professors | \$200 |
| <input type="checkbox"/> | B. Libraries and Students | \$50 |
| <input type="checkbox"/> | C. Additional Affiliate of Division I | \$125 |
| <input type="checkbox"/> | D. Additional Affiliate of Division II | \$200 |

Make checks payable to "American Membrane Technology Association" **Total: \$** _____

VISA M/C AX Account #: _____ + _____ Expires: _____
(16 #'s + 3 #'s listed in the signature area on the back of the Visa/MC or + 4 #'s on the front of AX)

Cardholder: _____ Signature: _____

A portion of membership dues will be used for legislative advocacy in support of AMTA's mission statement, goals and objectives.

- A. My organization can best be categorized as the following:
- Consulting Firm
 - Engineering Firm
 - Municipality/Public
 - Manufacturer
 - Private Agency
 - Other _____
- B. Brief description of your organization:
- _____
- _____
- C. Years in Existence? _____
- D. Reason for joining AMTA?
- _____
- _____
- E. AMTA Services/Programs of interest:
- Federal Legislative/Regulatory Activities
 - State Legislative/Regulatory Activities
 - Conferences/Workshops
 - Publications and Reports
 - Public Relations and Education
 - Networking/Affiliation opportunities
 - Other _____
- F. AMTA Committees of Interest:
- Audit
 - Awards
 - Bylaws
 - Finance
 - International Liaison
 - Legislative / Regulatory Programs
 - Membership
 - Nominating & Elections
 - Program
 - Public Outreach
- G. Other Association Memberships:
- American Water Works Association
 - International Desalination Association
 - South Central Membrane Association
 - Southeast Desalting Association
 - Southwest Membrane Operator Association
 - WaterReuse Association
 - Others _____
- H. Representative's years of professional experience:
- 1-5
 - 6-15
 - 16+
- I. Representative's Education Level/Licenses:
- High School diploma
 - Associate's
 - Bachelor's
 - Master's
 - Doctoral
 - Post-Doctoral
 - Other _____
 - Licenses _____
- J. How did you find out about AMTA?
- Conference / Workshop
 - AMTA Publication
 - Another member
 - AMTA or other Website
 - Other publication
 - Newspaper
 - Brochure mailing
 - Other: _____
- I am interested in running for position on AMTA Board
- I am interested in presenting at a Technology Transfer Workshop or Conference